

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588180

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8						
9		1				
10	1		1			
11		3				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19	1		1			
20		1				
21		2				
22		①				
23		①				
24		①				
25		①				
26		①				
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49						
50						
TOTAL IND.	4	↓	6	↓		↓
TOTAL DEP.	26	←	26	←		←
TOTAL CLAIMS	30		32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						